VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
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November 28, 2011

Ms. Deborah Hodge, Administrator
Valley View Home For The Retired
Rt 5, 69 Oaklane, Apt 1, P.O. Box 93
Fairlee, VT 05045

Provider #: 0195

Dear Ms. Hodge:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 8, 2011.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure

OCT 18 201

Valley View home for the Retired
Survey of 8/8/11

Initial Comments:
A complaint survey was completed on 8/8/11 by staff from the Vermont Division of Licensing & Protection. The following regulatory violations were found.

R112 S/S=D
5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable.

Based on staff interview and record review, the facility failed to assure that 1 of 4 residents in the targeted sample had a physician statement which included medical and psychiatric diagnoses (as applicable) upon admission to the home. (Resident #3) Findings include:

Per interview with the owner/manager of the home on 8/8/11 at 3:20 PM, Resident #3 was admitted to the home for a short stay on 7/11/11 with no physician statement or diagnosis list. The owner stated that the resident was admitted over the weekend at the request of family while they attempted to secure placement for the resident in a nursing home. The owner confirmed that the resident stayed at the home for a total of 5 days before transfer to another healthcare facility. Refer also to R126 and R128

R112 Rec'd accepted addendum 11/7/11 Mary Potter RN

P.O.C. Upon admission of all Residents, to include Respite, will ensure Bed is available and Resident's Physician Statement is on File (to include dx + med regime)

R126 S/S=D
5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.

Based on staff interview and record review, the facility failed to provide the necessary care and services to meet each resident's personal, medical and nursing care needs for 3 of 4 residents in the targeted sample. (Residents #1, 2 & 3) Findings include:

1. Per record review and confirmed during interview with the manager on 8/8/11 at 3:20 PM, Resident #1 lived in a unlicensed room that was part of the owner's living quarters from 11/30/10 until early March of 2011. Previous to that time, the resident had lived in the licensed area of the home. The owner stated that the resident wanted to live in a different type of home situation and so the owner allowed her to live in a room in the owner's quarters (located in the basement). The owner confirmed that this resident had a serious medical condition likely to deteriorate over time and required medication management, including reminders to take daily medications. The owner confirmed during interview that allowing the resident to live in the unlicensed room while receiving medical assistance exceeded the capacity of the home's licensed beds.

P.O.C. owner will not allow any Resident use of rooms in owner's living quarters for permanent living quarters of Resident.

2. Per review of a progress note dated 7/16/11, 7 AM – 8 PM, Resident #2, who had a diagnosis of coronary artery disease, complained of symptoms of a "possible heart attack in the night and early AM". Staff monitored the resident's vital signs and notified the resident's son but failed to notify the physician until 3 days later on 7/19/11. The provider visited on 7/19/11 and noted "chest pain Friday night into Saturday morning, none since then". The owner confirmed during interview at 2:45 PM on 8/8/11 that staff failed to notify the provider of the change in medical symptoms in a timely manner.

P.O.C. R126 accepted & addendum 11/4/11 Mary Potter, RN

P.O.C.-owner/staff will notify PCP as soon as possible of any acute medical conditions; will transport to E.R. for emergent acute medical Sx & Resident or family approval. notify PCP regardless.

3. Per interview on 8/8/11 at 2:45 PM, the manager confirmed that she had exceeded the home's licensed capacity of 7 residents when they admitted Resident #3 for a short stay on 7/11/11 with no available room/bed, thus failing to meet the resident's personal needs. Refer also to R112 and R128

P.O.C.- will not exceed license capacity of #7 Residents when admitting Respite Care - unless approved By State. Will contact State & any/all questions of appropriate # Respite Care Residents.

R128 S/S=D

5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.

R128 POC accepted & addendum Mary Potter, RN

Based on staff interview and record review, the facility admitted a resident to the home with no physician orders for medications, treatments and dietary services. (Resident #3) Findings include:

Per interview with the manager on 8/8/11, Resident #3 was admitted during a weekend in July, 2011 due to a family's request. The Resident's family members brought in medications from home, set up in a medication box for daily use. The owner and/or staff administered the medications to the resident. There were no physician orders for type of diet, medications, or any needed treatments. The lack of physician orders upon admission was confirmed by the manager at 2:45 PM on 8/8/11.
Refer also to R112 and R126

P.O.C.-Respite Residents must be accompanied By Medications + PCP orders for said Medications, dx, and tx. (incl. diet)

R280 S/S=D

9.3.d Each bathtub and shower shall be constructed and enclosed so as to ensure adequate space and privacy while in use.

Based on observation and resident and staff interview, the facility failed to assure that each resident bathroom had a door that was lockable to maintain resident privacy during use for 1 applicable resident in the sample. (Resident #2) Findings include:

Per interview on 8/8/11 at 2:30 PM, Resident #2, stated that while she was using the bathroom that very morning, Resident #4 opened the bathroom door and looked in two

times, explaining to the surveyor 'there is no lock on the door'. The second time Resident #4 opened the door, Resident #2 pushed the hamper up against the door to keep the other resident from opening it again. Resident #2 stated that Resident #4 is demented and sometimes wanders about the home and enters other's rooms without knocking or asking permission. During observation after the interview, 1 of 2 resident bathroom doors had no lock to assure the residents' privacy during use. This was confirmed with the manager at 3:20 PM.

P.O.C. Resident #2 was instructed on use of lock on BR #2 door - which was (and has been) in place at time of incident. Resident stated she didn't know the lock was there. Resident was able to return demonstrate use of door lock upon entering (and leaving) BR.

BR #1 lock was installed By Facility maintenance coordinator on 8.8.11. BR #1 is not often used By Resident #2 2° distance from her room; however all Residents were then instructed on use of lock on BR #1 + BR #2 (those Residents who ambulate independently to BR. - others are accompanied By staff.)

POC R#2 accepted upon addendum 11/7/11 [illegible] RN

Owner: Debrah Hodge owner 10-07-11
10-16-11

Nurse: SP Allbee RN 10.7.11 / ~~10.14.11~~ error 10.14.11

Addendum To POC 8/8/11
accepted 11/7/11 Mary Baltz, RN

OCT 26 2011

Deficiencies rewritten for survey on 8-8-11.

The POC for R112 will be evidenced by a policy and procedure that will be written and inserviced to staff on what must accompany resident on or before admission. All Residents must have current medication and treatment orders, all medical/psychiatric diagnoses, and an updated progress note and physical exam. This will be monitored by owner manager and nurse for compliance. See enclosed policy.
Completion Date 10-28-11

The POC for R126 will be evidenced by the owner manager showing understanding that she will not allow any resident use of rooms in owners living quarters for permanent living arrangements. Resident #1 is no longer residing at this home. This will be monitored by owner and nurse for compliance.
Completed March-2011

The POC for R126, Resident #2, will be evidenced by a policy and procedure that will be written and inserviced to all staff on handling medical emergencies. Assessment of VS will be taken when staff is notified from resident /family of any Medical Emergency.

The owner and nurse will be notified of any medical emergency immediately. Also the physician and family will be notified. If a resident is competent of own medical decisions they will be informed of what risks might be if they refuse to be sent for evaluation and treatment. The physician was made aware of c/o chest pain when made rounds on 7-19-11 The owner manager and nurse will monitor for compliance of policy.

~~Completion~~ Completed 10-28-11

The POC for R126 Resident #3 is that the facility will not exceed license capacity of 7. The facility will contact the State for any/all questions regarding admitting respite care residents. The owner manager will assure compliance of the licensed capacity of 7.

Completed

The POC for R128 will be evidenced by following the Policy and procedure on the admitting process as stated in R112. Resident #3 is no longer a resident at this facility. This will be monitored for compliance by the owner manager and nurse.

Completed

The POC for R280 will be evidence by that all residents will be instructed on how do lock the bathroom doors to be able do ensure privacy. A lock was installed on BR #1 on 8-8-11. A policy and procedure will be written and inserviced to all staff on the admitting process. The owner manager and nurse will monitor for compliance. Completed 8-8-11

Policy and Procedure for Medical Emergencies

Purpose: To ensure that all residents are ensured proper medical treatment and notification to all listed below.

a) Assess the resident when complaints are offered.
B) Monitor VS
c) Notify owner manager, nurse and MD
d) Notify legal guardian.
e) Call ambulance as needed.
f) Transport to ED if able to travel in car.
g) Write a NN of all the above.
h) If own guardian document what the complications could be if refuse to go for evaluation.

Date

Name

a) orient to room
b) how to call for help
c) how to lock Bathroom / Bedroom door
d) Height Weight
e) T P R BP
f) Skin assessment
   1) open areas

   2) bruises

   3) redden areas

g) meal times
h) medication times

Policy and Procedure for Admitting Residents

Purpose: To ensure that every new/re admitted resident has all of the correct paperwork as listed below.

a) Current admission orders of medications, diet and treatment
B) all medical / psychiatric diagnoses.
c) update history and physical
d) Up to date record of TB test flu shot and Pneumovax.
e) Legal documents of living will or guardianship
f) Advanced Directives

Policy and procedure on admitting process

Purpose: To ensure that resident understand the facility and proper assessment is done

a) Orient to room, how to call for help, how to lock bathroom door & bedroom.
b) Height & weight obtained
c) TPR & BP
d) Skin assessment of any bruises or open areas
e) Any pressure areas
f) Meal times
g) daily schedule
h) medication times